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APPLICANTS

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**** CONTINUING DATA ******* *W. N. Weaver*
 This appln claims benefit of 60/442,313 01/24/2003

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/24/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>W. N. Weaver</i> Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 1	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
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TITLE
 Flexible carrier

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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